

I, Don EDWARDS, have received a copy of "WORK
Print Name

**RELATED INJURY LEAVE (WRIL) PROGRAM POLICY &
PROCEDURES."**

Don Edwards
Employee's signature

8-14-00
Date

**ACKNOWLEDGMENT OF RECEIPT OF
BUREAU OF STATE CHILDREN AND YOUTH PROGRAM
CONTRABAND SEARCH POLICY**

I acknowledge that I have received and reviewed copies of the Bureau of State Children and Youth Program policy on search policy.

Don G. EDWARDS
NAME (PRINT)

Don Edwards
SIGNATURE

12-26-00
DATE

D.P.W North Central Secure Treatment Unit.
AGENCY

Note: This form is to be maintained in my Official Personnel Folder (STD-301) by the agency Personnel Office.

ACKNOWLEDGMENT OF RECEIPT OF
THE COMMONWEALTH OF PENNSYLVANIA'S
SEXUAL HARASSMENT POLICY

I acknowledge that I have received and reviewed copies of the Commonwealth of Pennsylvania's policy on sexual harassment, which is set forth in *Executive Order 1999-3, Prohibition of Sexual Harassment in the Commonwealth*, and *Management Directive 505.30, Prohibition of Sexual Harassment in Commonwealth Work Settings*.

NAME (PRINT): Don G. EDWARDS

SIGNATURE: Don G. Edwards

DATE: 7-17-08

AGENCY: H.C.S.T.U.

Note: This form is to be maintained in my Official Personnel Folder (STD-301) by the agency Personnel Office.

Enclosure 1 to Management Directive

Page 1 of 1

505.30 [Signature] [Signature]

Cade000865

I have received a copy of the Department of Public Welfare Code of Conduct regulations.

1. Personnel Rule 13.1 and 13.2
2. DPW, Personnel Manual Section 7177.2
3. DPW, Personnel Manual Section 7170.1

DON G. EDWARDS
Print name

Don Edwards
Signature

3-25-00
Date

☐ School District of Philadelphia ☐ City of Philadelphia ☐ Commonwealth ☐ Other
 Location Department Agency Employer

DATE DATE OF INJURY

PATIENT NAME SS#

DIAGNOSIS Sprain (L) ankle TO BE COMPLETED BY EXAMINING PHYSICIAN

RETURN TO WORK DATE 3/29/00

1. Recommended patient return to work with no limitations on
2. The patient may return to work capable of performing the degree of work with the following limitations.
3. These restrictions are in effect until 4/1/00 or until reevaluation on 4/1/00 M/D/Y
4. The patient is totally incapacitated at this time.
5. Patient may return to full-time work, 8 1/2 hours per day.
 Patient may return to part-time work, _____ hours per day.

LIMITATIONS

In an 8-hour day examinee may:

	None	1-3	3-6	6-8
1. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Squatting/Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bending (At Waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Twisting/Rotating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UPPER EXTREMITY/HAND

(RIGHT) (LEFT)

In an 8-hour day examinee may use upper (R) (L) extremity for

	None	1-3	3-6	6-8
1. Repetitive Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Simple Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Firm Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Push/Pull Seated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Push/Pull Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Lift (Pounds)</u>				
0 → 10	<input type="checkbox"/>			<input checked="" type="checkbox"/>
11 → 25	<input type="checkbox"/>			<input checked="" type="checkbox"/>
26 → 50	<input type="checkbox"/>			<input checked="" type="checkbox"/>
51 → 100	<input type="checkbox"/>			<input checked="" type="checkbox"/>
101 →	<input type="checkbox"/>			<input checked="" type="checkbox"/>
<u>Carry (Pounds)</u>				
0 → 10	<input type="checkbox"/>			<input checked="" type="checkbox"/>
11 → 25	<input type="checkbox"/>			<input checked="" type="checkbox"/>
26 → 50	<input type="checkbox"/>			<input checked="" type="checkbox"/>
51 → 100	<input type="checkbox"/>			<input checked="" type="checkbox"/>
101 →	<input type="checkbox"/>			<input checked="" type="checkbox"/>

FOOT/LEG (RIGHT) (LEFT)

In an 8-hour day examinee may use lower (R) (L) extremity for:

	None	1-3	3-6	6-8
1. Foot controls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Repetitive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL CONDITIONS

In an 8-hour day examinee may be exposed to:

	None	1-3	3-6	6-8
1. Unprotected Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Moving Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Dust/fumes/gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Changes in Temperature/humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date/Exam/Office Visit 3/29/00 Next Appointment Date

Mechanism of Injury: Inversion (L) ankle

Chief Complaint: Swelling lat. (L) ankle

Past/Interim History: While walking @ work - inverted (L) ankle

BP: HR: RR:

Objective Examination Findings

- Positive Echinosis, effusion
- Pertinent Negative

Physician's Signature C. Feldman MD Physician's Phone Number: 271-6784

(AT INITIAL VISIT AND WHEN RELEASED TO WORK, PATIENT MUST RETURN TO WORK PLACE WITH THIS FORM COMPLETED)
 ALSO FAX TO APPROPRIATE OFFICE.

☐ Commonwealth of Pennsylvania FAX Pittsburgh 1-888-566-4530
 Harrisburg 1-800-929-0534
 Philadelphia 1-888-636-7725
☐ City of Philadelphia FAX Philadelphia 1-800-561-8589
☐ School District of Philadelphia FAX Philadelphia 1-215-587-1775
☐ All Other Accounts FAX New Business 1-215-587-1295

**DISCHARGE FORM**

Penn State Geisinger Health System

X DON EDWARDS

X [REDACTED] -7356

Company: North Central secure unitCompany Telephone: (570) 275-7007Supervisor: X Mr. Ross

Chief Complaint: _____

Occupation: _____

Date of Injury: 3-28-00Date of Service: 3/29/00Type of Visit: ☒ Initial ☐ Follow Up ☐ Non-injTime In: 3:00

Time Out: _____

Diagnosis: SPRAIN (L) ankle

Discharge Instructions: The following written discharge instructions have been discussed and given to the patient.

(1) ankle brace @ work only X3 weeks(2) ibuprofen(3) ice dailywill return if symptoms worsenWork Status: ☐ May return to work without restrictions on _____☐ Unable to work.☐ May return to work with the following restrictions from _____ to _____☐ No use of left/right _____☐ No lifting.☒ Limited use of left/right 1 pg☐ Weight limit _____ lbs.☐ Limited standing/walking.☐ Sitting work only.☐ Limited bending/twisting.☐ **NO DRIVING.**☐ Other _____

Please call the following clinic if you have questions or problems:

☒ Discharge☐ Follow Up☐ CareWorks☐ Physician☐ Physical Therapy☐ Other

Date: _____

Time: _____

Location: _____

☒ Danville 570 271-6789☐ Harrisburg 717 561-0700☐ Hummelstown 717 566-3771☐ Mechanicsburg 717 691-9560☐ Middletown 717 948-5180☐ Wilkes-Barre 570 826-7385☐ Lake Scranton 570 342-8500

An Occupational Medicine Discharge Form has been provided to me. I have read and understand the discharge instructions. I have been instructed to contact my supervisor today and provide them with a copy of this form. I authorize CareWorks to provide complete medical information to my employer and insurance carrier.

Patient Signature: Don EdwardsDate: 3-29-00

Signature of Health Care Provider

Print Name of Health Care Provider

Fax: 1-888-566-4530

COMMONWEALTH OF PENNSYLVANIA

Telephone: 1-888-871-3606

CompServices, Inc.

P.O. Box 535370

Pittsburgh, PA 15253-5370

Date of Report

Workers' Compensation Claim Report

Form #: JPA-797

3/28/00

Employee Information:

Employee Name

Last	First	M.I.	Social Security Number
EDWARDS	DON	G	7356

Employee Home Address

Street or P.O. Box	City	State	Zip	4 Digit
6 C Street	Danville	PA	17821	

Married	No. Children Under 18 Years	If Employee is Under Age 18
Yes No		Certificate Number Occupation for Which Issued
X	5	

Residence County

County Code	County Name	Home Telephone Number
47	Montour	Area Code 570 275-2607

Employer Information:

Dept. Code	Department Name	Employee Number
Three Digit Number		6 Digit Number
0 2 1	DEPARTMENT OF PUBLIC WELFARE	4 9 7 7 7 0

Organization Code	Organization Name	Work Unit
Four Digit Number		
0 8 8 1	NORTH CENTRAL SECURE TREATMENT UNIT	JACKSON BLDG

Work Location Address	City	State	Zip	4 Digit
Street or P.O. Box				
210 CLINIC ROAD	DANVILLE	PA	17821	

Name of Supervisor	Work Telephone Number	Fax Telephone Number
	Area Code	Area Code
Kenneth Ross	570 271-4710	570 271-4750

County of Work Location	Barg. Unit	Special Employee Benefits (Check one)
County Code		WROL/L Heart & Lung Act 632/534 Other—Specify
47	N 1	X

Date of Hire	Job Classification	Biweekly Salary at Injury
MM DD YY	5 Digit Class Code	Or Hourly Wage if Not Salaried
5 3 99	4 1 7 9 0	
	Class Name	
	YOUTH DEVELOPMENT AIDE	

Injury Date Information:

Date and Time of Injury	Date of Death if Apply	Date Employer Knew of Injury	Shift Start Time
MM DD YY	MM DD YY	MM DD YY	24 Hour Military Time
3 28 00			2300

Last Full Day Paid	Date Disability Began	Date Returned to Work	At Same Wages?
MM DD YY	MM DD YY	MM DD YY	Yes No
3 28 00			X

Type of Claim	Indemnity	Indemnity	Is this a Recurrence? If yes, date of original injury.
Incident Only Medical Only Under 7 days 7 Days or Over Death			Yes No
X			X

- | | | |
|----|--------------------------|-----------------------------|
| A. | <input type="checkbox"/> | RS/CL/PT ATTACK |
| B. | <input type="checkbox"/> | RS/CL/PT RELATED (HANDLING) |
| C. | <input type="checkbox"/> | NOT RS/CL/PT RELATED |

SUPERVISOR'S REPORT

This is my report that on 3/28/2000, Dr. Edwards reported an injury that occurred on 3/28/2000 at the location of Taylor
David House

I did visit the injury site? X I did not visit the injury site?

1. My findings at the injury site were: conclusion w/ Mrs Edwards report
2. The employee's assignment at the time of injury was: Reg. duties
3. Employee stated that the injury occurred when: slipped
4. Employee statement is attached? YES X NO If no, explain:
5. Witnesses who observed the injury were: none (work alone)
 Witness statements are attached? YES NO X If no, explain:
6. Other employees involved? YES NO X If yes, explain:
7. A patient/resident/student/client/applicant was involved? YES NO X

If yes, provide details of exactly how he/she acted to cause injury.

8. The injury was due to an unsafe act? YES NO X If yes, explain:
9. The injury was due to unsafe equipment? YES NO X If yes, explain:

CORRECTIVE ACTION

Be more careful

RECOMMENDATIONS

My findings were that (i.e., it was preventable, it was an unsafe act, etc.)

If in your opinion you feel this injury should not be compensable, provide the reason to support the non-compensable injury.

[Signature]
 Signature

3/28/00
 Date

All Incidents Must Be Recorded Before Going Off Duty

						Date of Incident 3-23-00
Names and Living Units of Persons Involved DON EDWARDS / CRP Jackson House						
Type of Incident Accident	Bizarre Behavior	Destruction	Fight	Runaway	<u>Other</u>	
Place of Incident (Room, Building, Outside Area) Dining Room area CRP House					Time: 5:00 AM	
Description of What Happened, Including Staff Action and Decisions While on routine house check this writer twisted his right ankle causing severe pain and swelling. This writer immediately notified Jackson building explaining this incident to staff mem. This incident took place upon entering staff office CRP housing unit. This writer feels at this time that he is able to continue his duty without threatening the safety or security of our residents. This writer placed a ice pack directly on right ankle to help the swelling go down, and took two Ibuprofen for pain.						
Don Edwards (Signature)			Y DA (Title)			
Comments of Report Reviewer WA: An accident report needs to be done ASAP.						
(Signature)			(Title)			

Cade000871

EMPLOYEE STATEMENT

I am reporting that on 3-28-00 at 5 AM, I was injured during the
DATE TIME
 course of employment at CRP Jackson, or if off work site, explain.
LOCATION

I reported the injury to my supervisor on 3-28-00 at 5 AM.
DATE TIME

1. My assignment at the time of injury was

Rounds check

2. The injury occurred when

Upon entering office of CRP to make my 1/2 call to Jackson Building

3. The nature of my injury was

Twisted Right Ankle

4. The injury was a result of an unsafe act ☐ or unsafe equipment ☒ Explain

N/A was not a result of an unsafe act or unsafe equipment. Upon entering CRP office this
waiter lost his footware which resulted in twisting my Right ankle.

5. Was another employee involved? Yes ☐ No ☒ If yes, explain**6. Was a patient/individual/student/client/applicant involved? Yes ☐ No ☒ If yes, provide details of exactly how he/she acted to cause the injury****7. A. Were there employees who witnesses the injury? Yes ☐ No ☒ If yes, list names**

B. Were there patients/individuals/students/clients/applicants who witnessed the injury? Yes ☐ No ☒ If yes list names

8. Please check one ☒ a. I require medical treatment at this time. ☐ b. I do not require medical treatment at this time.

Don Edwards

SIGNATURE

3-29-00

DATE

YDA

CLASSIFICATION

7356

SOCIAL SECURITY NUMBER

EMPLOYEE PERFORMANCE REVIEW

021 0881

GENERAL INFORMATION	TYPE REPORT	<input type="checkbox"/> PROBATIONARY (CS/NCS union covered)	<input type="checkbox"/> INTERIM	<input checked="" type="checkbox"/> ANNUAL
		<input type="checkbox"/> PROBATIONARY (CS non-union)		
EMPLOYEE NAME EDWARDS, DON		AGENCY 021 PUBLIC WELFARE		EMPLOYEE NUMBER 497770
CLASS TITLE YOUTH DEVELOPMENT AIDE		<input type="checkbox"/> SUPERVISOR	STATUS	
		<input checked="" type="checkbox"/> NON-SUPERVISOR	<input checked="" type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> NCS <input type="checkbox"/> SMS	
ORGANIZATION 0881 LOYSVILLE COMPLEX		RATING PERIOD FROM 10/29/99 TO 5/29/00		

GENERAL INSTRUCTIONS

Verify/Complete General Information. Indicate whether employee is a supervisor or non-supervisor.

Review the employee's job description for the rating cycle. Review/discuss job standards (expectations/objectives/duties), to ensure appraisal relates to the specific responsibilities, job assignments and standards which have been conveyed to the employee for the rating cycle. Update the job description and essential job functions for the next rating cycle.

Indicate when you conveyed job standards to the employee and when progress review(s) was conducted.

Base the appraisal on the employee's performance during the entire review period, not isolated incidents or performance prior to current review period.

The comments sections should be used to: support performance ratings, indicate problem areas and provide guidance to employees on how to improve performance. Comments MUST be provided for outstanding, needs improvement and unsatisfactory rating, but are highly recommended for all other ratings. (ATTACH ADDITIONAL 8 1/2 X 11 PAPER IF NEEDED.)

PERFORMANCE RATING DEFINITIONS

- | | |
|--------------------|---|
| Outstanding: | Results are achieved on a consistent basis and significantly surpass job standards. |
| Commendable: | The employee clearly exceeds job standards on a regular basis and demonstrates a high degree of initiative and quality of work. |
| Satisfactory: | The employee meets the standards of the employee's job in a fully adequate manner. |
| Needs Improvement: | The employee meets many of the standards of the employee's job in a satisfactory manner. Improvement is expected. |
| Unsatisfactory: | Excessive performance deficiencies exist and must be corrected. |

COMMUNICATION OF PERFORMANCE STANDARDS

- Performance standards (objectives, duties, expectations, etc.) for this rating period were conveyed to employee on 10/29/99
date(s)
- Progress Review(s) was conducted on 2/28/00 (at least one during rating cycle)
date(s)

EMPLOYEE NAME: EDWARDS, DON

EMPLOYEE NUMBER: 497770

021 0861

JOB FACTORS**1. JOB KNOWLEDGE/SKILLS**

This factor measures the employee's demonstrated knowledge of relevant job information such as: work practices, procedures, resources, policies, and technical information as well as the relationship of work to the organization's mission. Possession of essential skills required to perform the job also are measured.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates superior job knowledge and skills. Consistently provides and applies accurate and appropriate job information/resources. Applies new techniques.	Has thorough knowledge of the job and related resources. Strives to expand knowledge. Frequently recommends changes in procedures and methods as needs dictate.	Has adequate knowledge and skills to completely perform all job responsibilities. Handles inquiries properly. Has some knowledge of related work.	Possesses basic job knowledge but requires some improvement with regard to the technical aspects of the job and/or understanding of resources, policies and procedures.	Demonstrates a lack of basic job knowledge and or skills to perform job as detailed in comments.

Comments: You understand the purpose, objective, and practices of the agency. You continue to develop the required skills to assist the agency in meeting our Mission Statement. You are supportive of the organization's mission.

2. WORK RESULTS

This factor measures the employee's demonstrated ability to meet established expectations of quality and quantity within established time frames.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work consistently exceeds the expected quality, quantity and timeliness requirements.	Work frequently exceeds the expected quality, quantity and timeliness requirements.	Work meets the expected quality, quantity and timeliness requirements.	Occasionally has difficulty meeting the expected quality, quantity and/or timeliness requirements.	Consistently fails to meet expected quality, quantity and/or timeliness requirements.

Comments: You are dependable, reliable, and consistent. Your efforts to facilitate the Recycling Program are acknowledged. Your work results meet established expectations by quality and quantity within the established time frame.

3. COMMUNICATIONS

This factor measures the employee's demonstrated ability to exchange information with others clearly and concisely, to provide information to others on a timely basis within and outside the organization, and to listen, organize, and present thoughts logically and in a clear, concise manner, both orally and in writing.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particularly adept at organizing and presenting facts and ideas. Exceptionally skilled in soliciting and clarifying information to ensure understanding. Promotes easy exchange of information. Writes and speaks clearly, concisely and is articulate.	Initiates and encourages timely and effective exchange of information. Proficient in organizing and presenting facts and ideas orally and in writing. Seeks and provides appropriate feedback.	Effectively exchanges relevant information. Speaks and writes clearly. Keeps others informed as needed. Listens with understanding.	Occasionally lacks clarity of expression orally or in writing. Inconsistent in keeping others informed and at times fails to listen effectively.	Frequently is difficult to understand. Is vague orally or in writing. Often does not keep others informed. Is an ineffective listener and/or frequently interrupts.

Comments: You effectively communicate verbally and in written format. You possess good listening skills. You utilize the log, keeping others updated on group dynamics. You are an active participant in meetings.

4. INITIATIVE/PROBLEM SOLVING

This factor measures the employee's demonstrated ability to perform work without specific instruction beyond that normally provided by a supervisor and within established limits of responsibility and authority. It also assesses the employee's ability to determine what needs to be done within available resources and to pursue appropriate means of accomplishing tasks.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly takes the initiative to identify and resolve work unit/agency problems. Perceives full dimension of problems and limitations. Develops corrective solutions and follows through to conclusion. Requires minimal supervision.	Frequently assumes responsibility for identifying solutions and methods to resolve concerns. Adept at defining and analyzing complex problems and solutions. Requires moderate supervision.	Recognizes problems and suggests and/or assists in developing solutions. Carries through solution implementation. Requires normal supervision.	Resolves routine problems. Exhibits little initiative in identifying problems or solutions. Needs to improve ability to recognize potential problems and evaluate solutions and their impact. Requires more than normal supervision.	Fails to recognize or seek help in resolving routine problems. Requires frequent reminders of what needs to be done.

Comments: You follow up with problems you discover. You go about getting done what needs done during shift. You complete assigned tasks with minimal supervision.

Cade000874

EMPLOYEE NAME:

EMPLOYEE NUMBER:

021 0861

JOB FACTORS**5. INTERPERSONAL RELATIONS/EQUAL EMPLOYMENT OPPORTUNITY (EEO)**

This factor measures the employee's demonstrated ability to develop and maintain positive and constructive internal/external relationships. Consideration should be given to the employee's demonstrated willingness to function as a team player, give and receive constructive criticism, resolve conflicts, recognize needs and sensitivities of others and treat others in a fair and equitable manner. Supervisors also are to be assessed on their demonstrated commitment to Equal Employment Opportunity.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently promotes and maintains harmonious work environment. Exhibits understanding of needs of others that is reflected in attitude in dealing with them. Is respected and trusted. Actively promotes/adheres to EEO program activities/requirements.	Maintains cooperative and positive work relationships. Handles conflict constructively. Promotes team work and cooperation, and fair and equitable treatment of others. Promotes/adheres to EEO program activities and requirements.	Interacts in a cooperative, positive manner. Avoids disruptive behavior. Deals appropriately with anger, frustration, conflict etc. Treats others fairly and equitably. Adheres to EEO policy/administrative requirements.	Usually gets along with others. Allows personal bias to affect job relationships. Requires occasional reminders regarding needs and sensitivities of others. Does not consistently adhere to EEO policy/administrative requirements.	Interpersonal relationships are counter productive to work unit functions as described in comments. Generally ignores EEO policy/administrative requirements.

Comments: You treat others fairly and equitably. You have established relationships with your peers. You adhere to the N.C.S.T.U. team approach.

6. WORK HABITS

This factor measures the employee's demonstrated ability to utilize proper conduct, speech and ethical behavior in the work environment. Compliance with Commonwealth/agency/work unit policies and procedures such as attendance, punctuality, safety, security, housekeeping and other norms are assessed, as well as proper care and maintenance of assigned equipment.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work is planned/organized to cover all phases of job assignments. Work meets/exceeds deadlines and future steps are anticipated. Equipment and supplies are cared for wisely and in accord with procedures. Employee serves as role model for other employees with regard to work rules.	Work is planned/organized to accomplish job assignments effectively and in a timely manner including those of unusual nature. Scheduled meetings/deadlines are met with few exceptions. Personal care is taken in use of equipment, with minimal waste. Employee adheres to organizational rules and procedures.	Work is planned to meet routine volume and timeliness. Employee adheres to organizational work rules and procedures with rare exceptions. Appropriate care is taken in use of equipment.	Organization and planning of work is infrequently demonstrated. Work often requires revisions resulting in decreased productivity or missed deadlines. Employee needs improvement in complying with rules, regulations and/or care of equipment.	Employee regularly fails to meet expected work results due to lack of effective organization, use of equipment or adherence to established rules/regulations.

Comments: Your attendance is good. You show up for work on time and are prepared for the treatment activities. Your assigned tasks are completed with care and in a timely fashion. You adhere to the agency's work rules and procedures.

7. SUPERVISION/MANAGEMENT

(Required for all supervisors/managers) This factor measures the supervisor's demonstrated ability to assign work responsibility and authority to subordinates, establish monitoring activities and systems to ensure work progresses to completion, ensure compliance with established procedures/regulations, and take corrective action when necessary. It also assesses the supervisor's adherence to or completion of personnel/administrative requirements, i.e. timely performance evaluations, appropriate discipline, management of overtime, leave etc.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages/supervises employees and work activities to consistently achieve a smooth/timely work flow, high level of quality and quantity. Continuously strives to improve operations, staff and instills team spirit. Consistently complies with personnel/administrative requirements.	Manages/supervises employees to achieve effective and timely work products. Delegates work effectively and appropriately to achieve maximum results. Provides adequate direction and training. Complies with personnel and administrative requirements.	Manages/supervises employees adequately to achieve satisfactory or normal work production and effectiveness. Meets personnel and administrative requirements.	Inconsistent effective supervision or management of staff. At times, fails to direct/train staff within existing means. Less than adequate quality and quantity of production. Inconsistent adherence to personnel and administrative requirements.	Ineffective supervision or management of staff. Fails to establish appropriate monitoring/control activities. Production is poor in quality and/or quantity. Often ignores personnel and administrative requirements.

Comments:

Cade000875

EMPLOYEE NAME:

EMPLOYEE NUMBER

021 0881

OVERALL RATING

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING AND DEVELOPMENT RECOMMENDATIONS:

1. Complete all mandatory training in First Aid/CPR, Crisis Intervention/Suicide Prevention, S.P.M., and Medication Administration/HIV Education.
2. Attend any training offered to improve your skills to make you a more effective agent of change.
3. Learn all aspects of the treatment team, as they apply to you.

COMMENTS AND SIGNATURES

(Attach additional 8 1/2 x 11 paper if necessary)

RATER COMMENTS: (This section should comment on any aspect(s) of employee's performance not covered elsewhere and should explain overall rating).

So far, so good. Pay close attention to seasoned staff and how they carry themselves with the residents. If it works for them, it will work for you. Make their experience part of your "bag of tricks". Become extremely proficient at your duties as a Y.D.A. I am aware that you have expressed interest in a Developmental Y.D.C. opportunity. Keep pressing on and prepare yourself. Thanks for a good job and your commitment to our task.

RATER SIGNATURE:

DATE

REVIEWER COMMENTS:

Don: Keep up the good work - It's nice to have you on board.

REVIEWER SIGNATURE:

DATE

EMPLOYEE COMMENTS:

- ☒ I AGREE WITH THIS RATING ☐ I DISAGREE WITH THIS RATING
- ☐ I WOULD LIKE TO DISCUSS THIS RATING WITH MY REVIEWING OFFICER
- ☐ DISCUSSION WITH MY REVIEWING OFFICER OCCURRED _____ (DATE)
- ☐ I ACKNOWLEDGE THAT I HAVE READ THIS REPORT AND I HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS IT WITH THE EVALUATOR; MY SIGNATURE DOES NOT NECESSARILY MEAN THAT I AGREE WITH THE REPORT.

COMMENTS:

EMPLOYEE'S SIGNATURE:

DATE

Cade000876

THE COMMONWEALTH OF PENNSYLVANIA'S SOFTWARE CODE OF ETHICS

The purpose of this code of ethics is to state the Commonwealth of Pennsylvania's policy concerning software duplication. All employees shall use software only in accordance with the license agreement. Any duplication of licensed software except for backup and archival purposes is a violation of the law. Any unauthorized duplication of copyrighted computer software violates the law and is contrary to the Commonwealth's standards of conduct.

The following points are to be followed in order to comply with software license agreements.

1. We will use all software in accordance with the license agreements.
2. Legitimate software will promptly be provided to all employees who need it. No employee of the Commonwealth will make any unauthorized copies of any software under any circumstances. Anyone found copying software other than for backup purposes is subject to termination.
3. We will not tolerate the use of any unauthorized copies of software in the Commonwealth of Pennsylvania. Any person illegally reproducing software can be subject to civil and criminal penalties including fines and imprisonment. We do not condone illegal copying of software under any circumstances and anyone who makes, uses, or otherwise acquires unauthorized software shall be appropriately disciplined.
4. No employee shall give software to any outsiders.
5. Any employee who determines that there may be a misuse of software within his or her agency shall notify the Department Manager or legal counsel.
6. All software used by the Commonwealth of Pennsylvania on Commonwealth of Pennsylvania computers will be properly purchased through appropriate procedures.

I have read the Commonwealth of Pennsylvania's software code of ethics. I am fully aware of our software policies and agree to abide by those policies.

I also agree I am not in violation of any of the above policies.

Don Edwards
Employee Signature

2-14-00
Date

DON EDWARDS
Print Name

Don Edwards 497770 L.Y.D.C. H.C.S.T.U.
Employee Number and Agency

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

**LOYSVILLE COMPLEX
BUSINESS SERVICES**

R.D. #2, Box 365B
LOYSVILLE, PA 17047-9754
Phone: (717) 789-3841

Fax: (717) 789-4834 Business Office

Fax: (717) 789-5588 Personnel Office

Fax: (717) 789-4302 Maintenance Office

SERVING THE NEEDS OF THE YOUTH AND STAFF AT:

Loysville Youth Development Center
South East Secure Treatment Unit
Danville Girls Secure Treatment Unit

Loysville Secure Treatment Unit
Weaversville Intensive Treatment Unit
Youth Forestry Camp No. 3

North Central Secure Treatment Unit
Allentown Secure Treatment Unit
South Mountain Secure Treatment Unit

February 28, 2000

CLASS TITLE: Youth Development Aide
SALARY: Bi-Weekly \$949.60
Annually \$24,766.00
EFFECTIVE DATE: March 4, 2000
SSN: [REDACTED] 7356

Dnn G. Edwards

Dear Mr. Edwards:

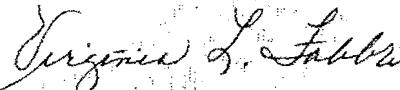
I am pleased to inform you that we are changing you from limited-term wage Youth Development Aide to a permanent Youth Development Aide, permanent Civil Service status, with the Department of Public Welfare. Your classification, salary, and effective date are shown above.

Your name will be removed from the list of eligibles for the job title to which you have been appointed and placed in the inactive files for all equal and lower level job titles.

The Youth Development Aide class to which you were appointed is in the N-1 bargaining unit for labor relations purposes.

May I take this opportunity to wish you continued success in your assignment at the North Central Secure Treatment Unit.

Sincerely,



Virginia L. Fabbri
Director of Personnel
for
Feather O. Houstoun
Secretary of Public Welfare

c: Mr. K. Pifer
SCSC
Personnel File

Cade000878

LEAVE USAGE

STAFF: Don Edwards
 YEAR: 99

HOLIDAYS: _____
 PERSONAL: _____
 ANNUAL: _____

<u>ANNUAL</u>	<u>HOLIDAYS</u>	<u>PERSONAL</u>
1. <u>9-1 (3.5hrs)</u>	1. _____	1. _____
2. <u>9-13</u>	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	
6. _____	6. _____	<u>SICK LEAVE</u>
7. _____	7. _____	1. _____
8. _____	8. _____	2. _____
9. _____	9. _____	3. _____
10. _____	10. _____	4. _____
11. _____	11. _____	5. _____
12. _____		6. _____
13. _____		7. _____
14. _____		8. _____
15. _____		9. _____

Notes:

Emp/Pos No 497770/247785 Tlnkpr 4669 Dp/Bur 021-0881

PERSONAL LEAVE USAGE	SICK FAMILY LEAVE USAGE	MILITARY LEAVE USAGE
<p>1. PERSONAL LEAVE</p> <p>2. SICK LEAVE</p> <p>3. FAMILY LEAVE</p> <p>4. MILITARY LEAVE</p>	<p>1. SICK LEAVE</p> <p>2. FAMILY LEAVE</p>	<p>1. MILITARY LEAVE</p>

①



COMMONWEALTH OF PENNSYLVANIA
STD-370 REV. 10-96**JOB DESCRIPTION**

1. Name of Employee (Last, First, MI) EDWARDS, DON G.		2. Employee Number 497770	Position Number 213854
3. Department Public Welfare	Bureau B.S.C.&Y.P.	Division Y.D.C. Loysville	Headquarters N.C.S.T.U. Organization Code 0881
4. Class Title Youth Development Aide		Workday Title Youth Development Aide	Class Code 41790
5. Regular Work Schedule Start Time: <u>Varies</u> Lunch Length: <u> </u> End Time: <u> </u> Hours/Week <u>40</u>		Position is: <u> X </u> Full-Time <u> </u> Permanent <u> </u> Part-Time <u> </u> Temporary Reports to: Name <u> </u> Class Title <u> </u> Kenneth Ross, Y.D.C.S.	
Days Worked (check all that apply): S <u> </u> M <u> </u> T <u> </u> W <u> </u> Th <u> </u> F <u> </u> S <u> </u>		Explain any schedule variations: <u> </u>	

6. Describe the work assigned to this position, listing the critical duties and responsibilities first. Explain work in familiar terms and include machines or equipment used. Use additional paper if needed.

Function: —

This is a Youth Development Aide position working in a secure residential treatment unit responsible for the care, custody, supervision, and resocialization of court adjudicated delinquent youth. In addition, he/she is responsible for completing systems maintenance tasks to provide a safe, clean, and comfortable environment. This position is directly responsible to a Youth Development Counselor Supervisor.

Work Effort Statement:

- Supervises students by being actively and meaningfully involved during daily routines and programs and ensuring staff interactions reflect NCSTU's values, ethics, and agency goals in order to maintain a safe and secure environment in which treatment can occur.
- Provides guidance in social and emotional growth by role modeling responsible values, ideals, and our agency's philosophy and offering alternatives to irresponsible behavior consistent with each student's individual needs in order to elicit genuine desire to change and provide insight into more responsible behaviors and attitudes.
- Monitors and teaches personal hygiene by observing, modeling, and instructing students in the proper use of hygiene materials in order to develop both an acceptable and desirable self-image and concern for one's health.
- Maintains discipline by being actively and meaningfully involved with the students and addressing and documenting inappropriate behavior in a manner that does not abuse, demean, or assault the integrity of the students in order to create a safe and secure environment in which effective treatment can occur.

Cade000881

7. Briefly describe how work is assigned to this position and how the work is reviewed.

Work is assigned through bi-weekly supervisory conferences.

8. If this is a supervisory position, briefly describe how work is assigned to subordinate personnel and how their work is reviewed. (If this is not a supervisory position, leave blank.)

9. Attach an Organizational Chart identifying all reporting relationships for this position.

10. Attach a statement identifying the essential functions of the positions.

CERTIFICATION

I certify that to the best of my knowledge all statements contained within the job description are correct. This job description consists of ____ pages. (count this form as 1 page)

Employee's
Signature

Don Edwards

Class 41790
Title Y DA

Date 2-29-00

Immediate Supervisor's
Signature

Kent E. R.

Class
Title YDCS

Date 2/29/00

Reviewing Officer's
Signature

Will Am

Class
Title YDCS

Date 2-29-00

Addendum to Job Description

Identification of Essential Job Functions/ADA

Don G. Edwards/213854

Employee Name/Position Number

Classification: Youth Development Aide

Observes students' behavior to maintain control and to analyze dysfunctional situations and make rapid decisions regarding immediate actions to be taken.

Intervenes with youth in crisis to apply safe physical management restraint techniques. These youth are court committed teenage males. Restraints occur in conjunction with other staff members, but occasionally (initially during the crisis) may occur one-to-one.

Assists in housekeeping in the cottage program by moving furniture, receiving/storing supplies, and handling bags of laundry.

Supervises program activities, off-ground trips with youth, Outward Bound Outdoor Programs, on-grounds athletic and recreational events. Writes log entries and narrative reports regarding cottage activities and special incidents.

Supervises youth in multi-story, non-elevator equipped buildings.

Transports youth to court appearances/hearings, off-grounds trips or appointments using state cars/15 passenger vans.

Employees in direct care classifications are required to pass training and recertification courses in Safe Physical Management, CPR/First Aid, Suicide Prevention, Child Abuse Identification, Fire Safety, and AIDS.

Employee Signature Don Edwards Date 2-29-00

Supervisors's Signature [Signature] Date 2/29/00

SUPERVISORY CONFERENCE DOCUMENTATION

EMPLOYEES NAME: DON EDWARDS

DATE OF CONFERENCE: August 31, 1999

AGENDAS:

1. Memos/M.O.T.S.
2. WC Team / Dietary
3. YDA Responsibilities
4. Resident Issues
5. Discussion

CONTENTS:

1. Discussed:

Memos on 10:00 pm bed time procedures by Bob, Jack's memo on time slips & Change of Leave function dated 8-11-99, New "Duty Status Report", Memo on no parking in front of the gate, & went over team meeting notes from 6-3-99, 7-8-99, 8-20-99 & 8-4-99. ^{DA}

2. Mary Ann did visit & things went OK, not as good as before though. Our menu production sheet needs more attention, I will address this in a memo, & paper products & food can not be stored on the floor. Reminder that closer supervision needs to occur in the dietary. We are pretty conscious of it but your peers may not be. Continue to teach & educate staff working in the dietary. If you have questions see me. Don will be taking over food orders after I speak to Erin. She will teach him how to fill out the orders.

3. Discussed;

- 1) We need to assure that the residents are ready for school by 9:00 a.m. & 1:00 p.m.
- 2) the dacum Crosswalks, specifically Job Knowledge & Work Results. We went over the responsibilities & were he stands in respect to them.

4. Resident issues:

- L. Sanchez--- New intake. Very assaultive & impulsive. He has asthma & has a inhaler to use if needed. Mostly induced by stress. Also, he has absconded from a placement. Be alert.
- R. Cusick--- Continues to lie about his background. Still remains a security risk which needs a lot of attention. Continue to hold him accountable.
- B. Berry----- Still not with the program. Wise guy attitude. Presents potential problem, especially if he attempts to team up with Cusick.
- J. Gonzalez- Continue to be aware of his potential for violence & violent thoughts. His anger appears to be surfacing more.
- D.Hernandez- 15yrs old. Has escaped before & is Assaultive. Blind in left eye.

SUPERVISORY CONFERENCE DOCUMENTATION

EMPLOYEES NAME: DON EDWARDS

DATE OF CONFERENCE: JULY 28, 1999

AGENDAS:

1. Memos/M.O.T.S.
2. WC Team / Dietary
3. YDA Responsibilities
4. Resident Issues
5. Discussion

CONTENTS:

1. Discussed:

Memos on IIC Plans being reviewed by Supervisors., Recyclable Products., Change of Meal Time on Weekends., Badge Policy & Heather Kinders memo on it., Experimental Program Change., Martha Hoover is here Aug. 11 if you wish to see her., Staff can no longer take a residents CRP sheet. This is a caseworkers, Supervisors &/or a team decision., Do not take any non-employees on day trips with you, this includes animals., Profanity has no place here at NCSTU especially when addressing residents. If it's occurring it needs to stop., The farm house is ours. CRP plans to move in ASAP., If you have worked a Voluntary OT, you can not be Mandatoried for 48 hrs following the end of your voluntary OT shift., & went over team meeting notes from 6-3-99, 7-8-99, & 7-20-99.

2. I took this opportunity to welcome Don to the W.C. Team & explained who we are & what we do. I reviewed his responsibilities on this team which include; Weekly food & snack orders, snack room/storage room, & bread and milk patrol. Erin will assist me in training Don on how food orders are completed. With school out right now it has been tough accomplishing this. Also, our dietary may be finished soon & we will need to focus on & retrain staff to our dietary expectation. Things are slipping. With the new lay out, more supervision & ownership from all staff will be needed. Also, we need to reinforce Ken's note on eating snacks in the dietary. Boxes should not be opened until they are on the second floor unless permission is given to do so.

3. Discussed;

- 1) the need to communicate room changes via the log as they occur. Plus, we need to move the residents razors to the appropriate dorm when dorm changes occur.
- 2) the need to log bed checks starting at 10:00pm every night.
- 3) If you are up dating a IIC plan, you need to sign the plan & state that you only updated it. If you discuss a task with them & it was a productive discussion than sign the IIC plan.
- 4) We have no standard spot for the log, but if it's just laying around (i.e. in school, S.Dorm, dietary, etc.) then return it to the N. Dorm staff station.

EMPLOYEE PERFORMANCE REVIEW

021 0881

GENERAL INFORMATION	TYPE REPORT	<input checked="" type="checkbox"/> PROBATIONARY (CS/NCS union covered)	<input type="checkbox"/> INTERIM	<input type="checkbox"/> ANNUAL
		<input type="checkbox"/> PROBATIONARY (CS non-union)		
EMPLOYEE NAME EDWARDS, DON G.		AGENCY 021 PUBLIC WELFARE		EMPLOYEE NUMBER 497770
CLASS TITLE YTH DVPT AIDE		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> NON-SUPERVISOR	STATUS <input checked="" type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> NCS <input type="checkbox"/> SMS	
ORGANIZATION 0881 LOYSVILLE COMPLEX		RATING PERIOD FROM 05/03/99 TO 10/29/99		

GENERAL INSTRUCTIONS

Verify/Complete General Information. Indicate whether employee is a supervisor or non-supervisor.

Review the employee's job description for the rating cycle. Review/discuss job standards (expectations/objectives/duties), to ensure appraisal relates to the specific responsibilities, job assignments and standards which have been conveyed to the employee for the rating cycle. Update the job description and essential job functions for the next rating cycle.

Indicate when you conveyed job standards to the employee and when progress review(s) was conducted.

Base the appraisal on the employee's performance during the entire review period, not isolated incidents or performance prior to current review period.

The comments sections should be used to: support performance ratings, indicate problem areas and provide guidance to employees on how to improve performance. Comments MUST be provided for outstanding, needs improvement and unsatisfactory rating, but are highly recommended for all other ratings. (ATTACH ADDITIONAL 8 1/2 X 11 PAPER IF NEEDED.)

PERFORMANCE RATING DEFINITIONS

- | | |
|--------------------|---|
| Outstanding: | Results are achieved on a consistent basis and significantly surpass job standards. |
| Commendable: | The employee clearly exceeds job standards on a regular basis and demonstrates a high degree of initiative and quality of work. |
| Satisfactory: | The employee meets the standards of the employee's job in a fully adequate manner. |
| Needs Improvement: | The employee meets many of the standards of the employee's job in a satisfactory manner. Improvement is expected. |
| Unsatisfactory: | Excessive performance deficiencies exist and must be corrected. |

COMMUNICATION OF PERFORMANCE STANDARDS

- Performance standards (objectives, duties, expectations, etc.) for this rating period were conveyed to employee on 5/99 date(s)
- Progress Review(s) was conducted on 10/99 date(s) (at least one during rating cycle)

EMPLOYEE NAME: EDWARDS, DON G.

EMPLOYEE NUMBER: 497770

021 0861

JOB FACTORS**1. JOB KNOWLEDGE/SKILLS**

This factor measures the employee's demonstrated knowledge of relevant job information such as: work practices, procedures, resources, policies, and technical information as well as the relationship of work to the organization's mission. Possession of essential skills required to perform the job also are measured.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates superior job knowledge and skills. Consistently provides and applies accurate and appropriate job information/resources. Applies new techniques.	Has thorough knowledge of the job and related resources. Strives to expand knowledge. Frequently recommends changes in procedures and methods as needs dictate.	Has adequate knowledge and skills to completely perform all job responsibilities. Handles inquiries properly. Has some knowledge of related work.	Possesses basic job knowledge but requires some improvement with regard to the technical aspects of the job and/or understanding of resources, policies and procedures.	Demonstrates a lack of basic job knowledge and or skills to perform job as detailed in comments.

Comments: You are currently in the learning phase of this area. You continue to learn the relevant job information (i.e., procedures, policies, agency mission, etc.) and have demonstrated the ability to put this knowledge into practice. You appear to possess the skills required to perform your job.

2. WORK RESULTS

This factor measures the employee's demonstrated ability to meet established expectations of quality and quantity within established time frames.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work consistently exceeds the expected quality, quantity and timeliness requirements.	Work frequently exceeds the expected quality, quantity and timeliness requirements.	Work meets the expected quality, quantity and timeliness requirements.	Occasionally has difficulty meeting the expected quality, quantity and/or timeliness requirements.	Consistently fails to meet expected quality, quantity and/or timeliness requirements.

Comments: In the short time that you have been on the WC Team, you have been reliable in the discharge of your duties. When assigned duties at shift plan, you complete them in a timely fashion. In addition, the quality and quantity of your work has been satisfactory.

3. COMMUNICATIONS

This factor measures the employee's demonstrated ability to exchange information with others clearly and concisely, to provide information to others on a timely basis within and outside the organization, and to listen, organize, and present thoughts logically and in a clear, concise manner, both orally and in writing.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particularly adept at organizing and presenting facts and ideas. Exceptionally skilled in soliciting and clarifying information to ensure understanding. Promotes easy exchange of information. Writes and speaks clearly, concisely and is articulate.	Initiates and encourages timely and effective exchange of information. Proficient in organizing and presenting facts and ideas orally and in writing. Seeks and provides appropriate feedback.	Effectively exchanges relevant information. Speaks and writes clearly. Keeps others informed as needed. Listens with understanding.	Occasionally lacks clarity of expression orally or in writing. Inconsistent in keeping others informed and at times fails to listen effectively.	Frequently is difficult to understand. Is vague orally or in writing. Often does not keep others informed. Is an ineffective listener and/or frequently interrupts.

Comments: You are an effective communicator. You communicate relevant information via the log, SIR's, work orders, and through word of mouth. You complete safety checks and participate actively in meetings.

4. INITIATIVE/PROBLEM SOLVING

This factor measures the employee's demonstrated ability to perform work without specific instruction beyond that normally provided by a supervisor and within established limits of responsibility and authority. It also assesses the employee's ability to determine what needs to be done within available resources and to pursue appropriate means of accomplishing tasks.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly takes the initiative to identify and resolve work unit/agency problems. Perceives full dimension of problems and limitations. Develops corrective solutions and follows through to conclusion. Requires minimal supervision.	Frequently assumes responsibility for identifying solutions and methods to resolve concerns. Adept at defining and analyzing complex problems and solutions. Requires moderate supervision.	Recognizes problems and suggests and/or assists in developing solutions. Carries through solution implementation. Requires normal supervision.	Resolves routine problems. Exhibits little initiative in identifying problems or solutions. Needs to improve ability to recognize potential problems and evaluate solutions and their impact. Requires more than normal supervision.	Fails to recognize or seek help in resolving routine problems. Requires frequent reminders of what needs to be done.

Comments: You appear to be adept at monitoring daily resident routines, intervening with resident who require counseling, and implementing appropriate sanctions. You provide discipline and follow-up counseling with the residents.

Cade000887

EMPLOYEE NAME: EDWARDS, DON G.

EMPLOYEE NUMBER: 497770

021 0881

JOB FACTORS**5. INTERPERSONAL RELATIONS/EQUAL EMPLOYMENT OPPORTUNITY (EEO)**

This factor measures the employee's demonstrated ability to develop and maintain positive and constructive internal/external relationships. Consideration should be given to the employee's demonstrated willingness to function as a team player, give and receive constructive criticism, resolve conflicts, recognize needs and sensitivities of others and treat others in a fair and equitable manner. Supervisors also are to be assessed on their demonstrated commitment to Equal Employment Opportunity.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently promotes and maintains harmonious work environment. Exhibits understanding of needs of others that is reflected in attitude in dealing with them. Is respected and trusted. Actively promotes/adheres to EEO program activities/requirements.	Maintains cooperative and positive work relationships. Handles conflict constructively. Promotes team work and cooperation, and fair and equitable treatment of others. Promotes/adheres to EEO program activities and requirements.	Interacts in a cooperative, positive manner. Avoids disruptive behavior. Deals appropriately with anger, frustration, conflict etc. Treats others fairly and equitably. Adheres to EEO policy/administrative requirements.	Usually gets along with others. Allows personal bias to affect job relationships. Requires occasional reminders regarding needs and sensitivities of others. Does not consistently adhere to EEO policy/administrative requirements.	Interpersonal relationships are counter productive to work unit functions as described in comments. Generally ignores EEO policy/administrative requirements.

Comments: You treat others fairly and without prejudice. You've maintained positive internal relationships with your peers, and your conduct at work is ethical and professional. You are team oriented and support others well.

6. WORK HABITS

This factor measures the employee's demonstrated ability to utilize proper conduct, speech and ethical behavior in the work environment. Compliance with Commonwealth/agency/work unit policies and procedures such as attendance, punctuality, safety, security, housekeeping and other norms are assessed, as well as proper care and maintenance of assigned equipment.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work is planned/organized to cover all phases of job assignments. Work meets/exceeds deadlines and future steps are anticipated. Equipment and supplies are cared for wisely and in accord with procedure. Employee serves as role model for other employees with regard to work rules.	Work is planned/organized to accomplish job assignments effectively and in a timely manner including those of unusual nature. Scheduled meetings/deadlines are met with few exceptions. Personal care is taken in use of equipment, with minimal waste. Employee adheres to organizational rules and procedures.	Work is planned to meet routine volume and timeliness. Employee adheres to organizational work rules and procedures with rare exceptions. Appropriate care is taken in use of equipment.	Organization and planning of work is infrequently demonstrated. Work often requires revisions resulting in decreased productivity or missed deadlines. Employee needs improvement in complying with rules, regulations and/or care of equipment.	Employee regularly fails to meet expected work results due to lack of effective organization, use of equipment or adherence to established rules/regulations.

Comments: You continue to be an active and involved member of your shifts. YOU conduct and complete procedure meetings, safety checks, security calls, room inspections, and cleaning details. In addition, you utilize the log to communicate vital information and monitor daily resident routines. You comply with the agency's policies and procedures and take care of agency equipment. You participate in unit meetings, review memo, and observe youth behavior on a routine basis.

7. SUPERVISION/MANAGEMENT

(Required for all supervisors/managers) This factor measures the supervisor's demonstrated ability to assign work responsibility and authority to subordinates, establish monitoring activities and systems to ensure work progresses to completion, ensure compliance with established procedures/regulations, and take corrective action when necessary. It also assesses the supervisor's adherence to or completion of personnel/administrative requirements, i.e. timely performance evaluations, appropriate discipline, management of overtime, leave etc.

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages/supervises employees and work activities to consistently achieve a smooth/timely work flow, high level of quality and quantity. Continuously strives to improve operations, staff and instills team spirit. Consistently complies with personnel/administrative requirements.	Manages/supervises employees to achieve effective and timely work products. Delegates work effectively and appropriately to achieve maximum results. Provides adequate direction and training. Complies with personnel and administrative requirements.	Manages/supervises employees adequately to achieve satisfactory or normal work production and effectiveness. Meets personnel and administrative requirements.	Inconsistent effective supervision or management of staff. At times, fails to direct/train staff within existing means. Less than adequate quality and quantity of production. Inconsistent adherence to personnel and administrative requirements.	Ineffective supervision or management of staff. Fails to establish appropriate monitoring/control activities. Production is poor in quality and/or quantity. Often ignores personnel and administrative requirements.

Comments:

Cade000888

OVERALL RATING

OUTSTANDING	COMMENDABLE	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING AND DEVELOPMENT RECOMMENDATIONS:

1. Continue to learn and refine your YDA skills, including furthering your knowledge of the CP concepts and BARJ.
2. Attend all mandatory training as scheduled, including but not limited to: Suicide Intervention, HIV/AIDS Education, SPM, First Aid/CPR, Cultural Diversity, and Gender Sensitivity, and Child Abuse
3. Learn all aspects of the Program Treatment Team as they apply to you.

COMMENTS AND SIGNATURES

(Attach additional 8 1/2 x 11 paper if necessary)

RATER COMMENTS: (This section should comment on any aspect(s) of employee's performance not covered elsewhere and should explain overall rating).

It has been a privilege working with you. In the short period of time that you've been with us, you have demonstrated a real willingness to assist and help our residents with their issues. You have also demonstrated a desire to learn all you can, as quick as you can. Continue the path you have started on and you will become a quality staff here at N.C.S.T.U. I appreciate the fine job you have done, and recommending you receive permanent status.

RATER SIGNATURE:

Dwayne Heeter

DATE

9-20-99

REVIEWER COMMENTS:

I appreciate the job you have done with us thus far.

REVIEWER SIGNATURE:

Robert Herfy

DATE

9-27-99

EMPLOYEE COMMENTS:

- ☐ I AGREE WITH THIS RATING ☐ I DISAGREE WITH THIS RATING
- ☐ I WOULD LIKE TO DISCUSS THIS RATING WITH MY REVIEWING OFFICER
- ☐ DISCUSSION WITH MY REVIEWING OFFICER OCCURRED _____ (DATE)
- ☐ I ACKNOWLEDGE THAT I HAVE READ THIS REPORT AND I HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS IT WITH THE EVALUATOR; MY SIGNATURE DOES NOT NECESSARILY MEAN THAT I AGREE WITH THE REPORT.

COMMENTS:

EMPLOYEE'S SIGNATURE:

Don Edwards

DATE

9-23-99

Cade000889

ACKNOWLEDGMENT OF RECEIPT OF
NCSTU'S POLICY ON
INTENSIVE INDIVIDUAL COUNSELING/USE OF RESTRAINTS

I acknowledge that on the date shown below I was given a copy of NCSTU's Intensive Individual Counseling/Use of Restraints policy.

DON EDWARDS
Print Name

9-1-99
Date

DON EDWARDS
Employee's Signature

**ACKNOWLEDGMENT OF RECEIPT OF
THE COMMONWEALTH OF PENNSYLVANIA'S
SEXUAL HARASSMENT POLICY**

I acknowledge that I have received and reviewed copies of the Commonwealth of Pennsylvania's policy on sexual harassment, which is set forth in *Executive Order 1999-3, Prohibition of Sexual Harassment in the Commonwealth*, and *Management Directive 505.30, Prohibition of Sexual Harassment in Commonwealth Work Settings*.

NAME (PRINT): Don G. Edwards

SIGNATURE: Don Edwards

DATE: 6-15-99

AGENCY: YDC

Note: This form is to be maintained in my Official Personnel Folder (STD-301) by the agency Personnel Office.

Don G. Edwards

Addendum to Job Description

Identification of Essential Job Functions/ADA

Edwards, Don 213584
Employee Name/Position Number

Classification: Youth Development Aide

Observes students' behavior to maintain control and to analyze dysfunctional situations and make rapid decisions regarding immediate actions to be taken.

Intervenes with youth in crisis to apply safe physical management restraint techniques. These youth are court committed teenage males. Restraints occur in conjunction with other staff members, but occasionally (initially during the crisis) may occur one-to-one.

Assists in housekeeping in the cottage program by moving furniture, receiving/storing supplies, and handling bags of laundry.

Supervises program activities, off-ground trips with youth, Outward Bound Outdoor Programs, on-grounds athletic and recreational events. Writes log entries and narrative reports regarding cottage activities and special incidents.

Supervises youth in multi-story, non-elevator equipped buildings.

Transports youth to court appearances/hearings, off-grounds trips or appointments using state cars/15 passenger vans.

Employees in direct care classifications are required to pass training and recertification courses in Safe Physical Management, CPR/First Aid, Suicide Prevention, Child Abuse Identification, Fire Safety, and AIDS.

Employee Signature Don Edwards Date 9-1-99

Supervisors's Signature George Heeter Date 9-1-99

JOB KNOWLEDGE:

This factor measures the employee's demonstrated knowledge of relevant job information such as work practices, procedures, resources, policies, and technical information as well as the relationship of work to the organization's mission. Possession of essential skills required to perform the job are also measured.

- attending and participating in training
- supporting agency standards
- observing youth behavior
- interpreting group dynamics
- selecting (appropriate) intervention
- implementing (appropriate) intervention
- participating in the MCPS
- providing discipline
- employing SPM
- conducting youth meetings
- conducting procedure meetings
- co-facilitating therapeutic groups
- conducting recreational activities
- conducting room inspections
- overseeing cleaning details
- maintaining supply inventories

WORK RESULTS:

This factor measures the employee's demonstrated ability to meet established expectations of quality and quantity within established time frames.

- supporting agency goals and objectives
- assuring student location
- controlling student movement
- conducting youth meetings
- utilizing log books
- preparing student reports; SIRS; medical forms
- following program schedules
- meeting student health needs
- conducting procedure meetings
- conducting recreational activities
- overseeing laundry systems
- completing safety checks; security calls
- conducting room inspections
- overseeing cleaning details
- maintaining supply inventories

COMMUNICATIONS: This factor measures the employee's demonstrated ability to exchange information with others clearly and concisely, to provide information to others on a timely basis within and outside the organization, and to listen, organize and present thoughts logically and in a clear, concise manner, both orally and in writing.

- attending and participating in training
- practicing teamwork
- supporting agency standards and objectives
- implementing (appropriate) intervention
- building positive student relationships
- participating in the MCPS
- providing discipline
- employing SPM
- conducting youth meetings
- utilizing log books
- discussing shift activities; using plans
- preparing student reports, SIRS, medical forms
- reviewing student records/reports
- participating meetings
- reviewing memos and agency documents
- meeting student health needs
- conducting procedure meetings
- co-facilitating therapeutic groups
- conducting recreational activities
- completing safety checks; security calls
- completing work orders
- maintaining supply inventories

INITIATIVE/PROBLEM SOLVING:

This factor measures the employee's demonstrated ability to perform work without specific instruction beyond that normally provided by a supervisor and within established limits of responsibility and authority. It also measures the employee's ability to determine what needs to be done within available resources and to pursue appropriate means of accomplishing tasks.

- monitoring daily student routines
- selecting (appropriate) intervention
- implementing (appropriate) intervention
- providing discipline
- employing SPM
- discussing shift activities; using plans
- participating in meetings
- meeting student health needs

INTERPERSONAL RELATIONS/AFFIRMATIVE ACTION:

This factor measures the employee's demonstrated ability to develop and maintain positive and constructive internal/external relationships. Consideration should be given to the employee's demonstrated willingness to function as a team player, give and receive constructive criticism, resolve conflicts, recognize needs and sensitivities of others and treat others in a fair and equitable manner.

- serving as a youth role model
- practicing teamwork
- implementing (appropriate) intervention
- building positive student relationships
- providing discipline
- employing SPM
- conducting youth meetings
- participating in meetings
- co-facilitating therapeutic groups

WORK HABITS: This factor measures the employee's demonstrated ability to utilize proper conduct, speech and ethical behavior in the work environment. Compliance with Commonwealth/agency/work unit policies and procedures such as attendance, punctuality, safety, security, housekeeping and other norms are assessed, as well as proper care and maintenance of assigned equipment.

- attending and participating in training
- serving as a youth role model
- practicing teamwork
- supporting agency goals and objectives
- assuring student location
- monitoring daily student routines
- controlling student movement
- observing youth behavior
- interpreting group dynamics
- selecting (appropriate) intervention
- participating in the MCPS
- employing SPM
- preparing student reports; SIRS; medical forms
- reviewing student records/reports
- participating in meetings
- reviewing memos and agency documents
- following program schedules
- meeting student health needs
- overseeing laundry systems
- completing safety checks; security calls
- conducting room inspections
- completing work orders
- overseeing cleaning details
- maintaining supply inventories

PERSONNEL TRANSFER/MOVEMENT REQUEST

INSTRUCTIONS: Print or type (except signatures). See Management Directive 515.2 for detailed procedures. Additional documentation requirements for civil service employees are shown in Management Directive 580.11. Be guided also by the provisions of Management Directives 580.23, 580.26 and 580.30, as pertinent.

PART 1 - COMPLETED BY EMPLOYEE (Retain Copy 6 and send remainder to Gaining Supervisor.)

EMPLOYEE NAME (LAST-FIRST-MIDDLE INITIAL) Edwards, Don G.	DATE OF REQUEST 5/13/99	SOCIAL SECURITY NUMBER [REDACTED]-7356	ICS EMPLOYEE NUMBER 497770
EMPLOYEE SIGNATURE <i>Don Edwards</i>		STATUS (FOR CIVIL SERVICE EMPLOYEES) Probationary	
I HEREBY REQUEST TRANSFER/MOVEMENT			

FROM →	LOSING AGENCY/FACILITY DPW - Loysville YDC	CLASS TITLE YD Aide
TO →	GAINING AGENCY/FACILITY DPW - Loysville YDC - NCSTU	CLASS TITLE YD Aide

(CHECK IF APPLICABLE)

<input type="checkbox"/>	I WISH TO GO ON LEAVE FROM MY CIVIL SERVICE POSITION (CIVIL SERVICE TO NON-CIVIL SERVICE)
<input type="checkbox"/>	I WISH TO RESIGN MY CIVIL SERVICE POSITION (CIVIL SERVICE TO NON-CIVIL SERVICE)

<input type="checkbox"/>	I AGREE TO A VOLUNTARY DEMOTION
<input type="checkbox"/>	WITHOUT A REDUCTION IN PAY
<input type="checkbox"/>	WITH A REDUCTION IN PAY

PART 2 - COMPLETED BY GAINING AGENCY/FACILITY PERSONNEL OFFICE (Retain Copy 5 and send remainder to Losing Agency Personnel Office.)

TO: (LOSING AGENCY/FACILITY) Youth Development Center RD#2, Box 365B Loysville, PA 17047	FROM: (GAINING AGENCY/FACILITY) Personnel Office - NCSTU Youth Development Center RD#2, Box 365B Loysville, PA 17047
---	--

THE ABOVE EMPLOYEE HAS REQUESTED A TRANSFER/MOVEMENT

FROM →	LOSING AGENCY/FACILITY DPW - Loysville YDC	CLASS TITLE YD Aide
TO →	GAINING AGENCY/FACILITY DPW - Loysville YDC - NCSTU	CLASS TITLE YD Aide
REQUESTED EFFECTIVE DATE →	DATE 06-28-99	
DIRECT QUESTIONS TO →	NAME Beverly Moose	TELEPHONE NUMBER (717) 789-5507

SIGNATURE (AGENCY HEAD/DESIGNEE)

Beverly Moose

DATE SIGNED

5-18-99

PART 3 - COMPLETED BY LOSING AGENCY/FACILITY PERSONNEL OFFICE (Retain Copy 3 and send remainder to Gaining Agency Personnel Office.)

TO: (GAINING AGENCY/FACILITY) Personnel Office - NCSTU Youth Development Center RD#2, Box 365B Loysville, PA 17047	FROM: (LOSING AGENCY/FACILITY) Youth Development Center RD#2, Box 365B Loysville, PA 17047
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TRANSFER/MOVEMENT OF THIS EMPLOYEE APPROVED EFFECTIVE

DATE 06-28-99	DATE
NAME <i>Beverly Moose</i>	TELEPHONE NUMBER 717-789-5507
DATE	DATE SIGNED 5-18-99
SIGNATURE (AGENCY HEAD/DESIGNEE) <i>Beverly Moose</i>	DATE SIGNED

DATE TO 319 WILL BE INPUT TO ICS BY GAINING AGENCY

DIRECT QUESTIONS TO

IF APPLICABLE, EMPLOYEE IS GRANTED LEAVE OF ABSENCE FROM HIS/HER CIVIL SERVICE POSITION, WHICH EXPIRES

PART 4 - COMPLETED BY LOSING AGENCY/FACILITY PERSONNEL OFFICE AND EMPLOYEE

TO: (GAINING AGENCY/FACILITY)	FROM: (LOSING AGENCY/FACILITY)
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EMPLOYEE HAS WITHDRAWN REQUEST FOR TRANSFER/MOVEMENT.

EMPLOYEE SIGNATURE	PERSONNEL OFFICER SIGNATURE	DATE SIGNED
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1. GAINING AGENCY (APPROVED)

Cade000900

JOB DESCRIPTION

1. Name of Employee (Last, First, MI) EDWARDS, DON G.		2. Employee Number 497770	Position Number 213584	
3. Department Public Welfare	Bureau B.SC.&Y.P.	Division Y.D.C. Loysville	Headquarters N.C.S.T.U.	Organization Code 0881
4. Class Title Youth Development Aide		Working Title Youth Development Aide		Class Code 41790
5. Regular Work Schedule Start Time: <input type="text" value="Varies"/> Lunch Length: <input type="text"/> End Time: <input type="text"/> Hours/Week: <input type="text" value="40"/>		Position is: <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Permanent <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Temporary		
Days Worked (check all that apply): S M T W Th F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reports to: Name Dwayne Heeter Class Title YDCS		
Explain any schedule variations:				

6. Describe the work assigned to this position, listing the critical duties and responsibilities first. Explain work in familiar terms and include machines or equipment used. Use additional paper if needed.

Function:

This is a Youth Development Aide position working in a secure residential treatment unit responsible for the care, custody, supervision, and resocialization of court adjudicated delinquent youth. In addition, he/she is responsible for completing systems maintenance tasks to provide a safe, clean, and comfortable environment. This position is directly responsible to a Youth Development Counselor Supervisor.

Work Effort Statement:

- Supervises students by being actively and meaningfully involved during daily routines and programs and ensuring staff interactions reflect NCSTU's values, ethics, and agency goals in order to maintain a safe and secure environment in which treatment can occur.
- Provides guidance in social and emotional growth by role modeling responsible values, ideals, and our agency's philosophy and offering alternatives to irresponsible behavior consistent with each student's individual needs in order to elicit genuine desire to change and provide insight into more responsible behaviors and attitudes.
- Monitors and teaches personal hygiene by observing, modeling, and instructing students in the proper use of hygiene materials in order to develop both an acceptable and desirable self-image and concern for one's health.
- Maintains discipline by being actively and meaningfully involved with the students and addressing and documenting inappropriate behavior in a manner that does not abuse, demean, or assault the integrity of the students in order to create a safe and secure environment in which effective treatment can occur.

7. Briefly describe how work is assigned to this position and how the work is reviewed.

Work is assigned and reviewed through bi-weekly supervisory conferences.

8. If this is a supervisory position, briefly describe how work is assigned to subordinate personnel and how their work is reviewed. (If this is not a supervisory position, leave blank.)

9. Attach an Organizational Chart identifying all reporting relationships for this position.

10. Attach a statement identifying the essential functions of the positions.

CERTIFICATION

I certify that to the best of my knowledge all statements contained within the job description are correct. This job description consists of ____ pages. (count this form as 1 page)

Employee's
Signature

Don Edwards

Class
Title

YDA

Date 7-28-99

Immediate Supervisor's
Signature

Deanne Heeter

Class
Title

YDCS

Date 7-28-99

Reviewing Officer's
Signature

Robert H. Hefley

Class
Title

YDCM

Date 7-29-99

Job Description
YDA

5. Ensures that teamwork and communication occur on shift by offering and accepting constructive criticism and feedback concerning your job performance and passing on or documenting all pertinent information to other staff in order to provide consistency and continuity from shift to shift.
6. Maintains and implements unit support systems by evaluating and distributing personal and cleaning supplies, completing students' laundry, maintaining storage areas, developing and supervising student detail procedures, and monitoring fire and safety systems and building security in order to provide our students with adequate hygiene articles, sufficient clothing, property instruction in the use of cleaning supplies, and averting any potentially dangerous situations.
7. Provides safety and security during sleeping hours by making regular scheduled checks of the students, building and grounds, completing fire and safety inspections, and making half-hour security calls.
8. Completes night shift duties when assigned by collecting and recording students' outgoing mail, completing census form, coping documents, providing back-up with housekeeping and laundry duties, maintaining storage areas, and averting any potentially dangerous situation in order to maintain a clean, safe, and secure environment.
9. Monitors dietary operations by supervising the preparation, set-up, and serving of meals, modeling sound work ethics and responsible values, ensuring dietary/kitchen is cleaned properly and supplies are inventories, requisitioned and/or purchased in order to establish a pleasant environment in which to eat, maintain sufficient inventory, and provide a learning experience for our students.
10. Monitors canteen operations by determining and ordering inventory needs, supervising canteen calls for students, and documenting all sales accurately in order to provide our students with an opportunity to purchase foodstuffs and generate money for the unit fund.
11. Requisitions internal supplies by completing monthly inventories, ordering necessary supplies, and maintaining the storeroom in order to maintain an adequate inventory to meet student and program needs.
12. Monitors and issues internal clothing supplies by completing inventories, restocking and categorizing clothing according to size and seasonal wear, and issuing clothing to students in order to maintain an adequate supply of clothing to meet student needs.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

LOYSVILLE COMPLEX BUSINESS SERVICES

R.D. #2, Box 365B
LOYSVILLE, PA 17047-9754
Phone: (717) 789-3841

Fax: (717) 789-4834 Business Office

Fax: (717) 789-5588 Personnel Office

Fax: (717) 789-4302 Maintenance Office

SERVING THE NEEDS OF THE YOUTH AND STAFF AT:

Loysville Youth Development Center
South East Secure Treatment Unit
Danville Girls Secure Treatment Unit

Loysville Secure Treatment Unit
Weaversville Intensive Treatment Unit
Youth Forestry Camp No. 3

North Central Secure Treatment Unit
Allentown Secure Treatment Unit
South Mountain Secure Treatment Unit

April 29, 1999

CLASS TITLE: Youth Development Aide
SALARY: \$11.52 Hourly
EFFECTIVE DATE: May 3, 1999
PROBATIONARY PERIOD: 6 Months
SSN: [REDACTED] 7356

Mr. Don G. Edwards

Dear Mr. Edwards:

I am pleased to inform you of your limited-term appointment, with probationary Civil Service status, with the Department of Public Welfare. Your classification and effective date are shown above.

Under the provisions of Civil Service, a limited-term wage appointment may be terminated at any time at the discretion of the appointing authority. The anticipated duration of this position is nine months. However, your rights to certification and appointment to another regular position from an eligible list are not in any way impaired by your acceptance of this limited-term wage position.

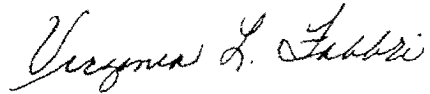
The Youth Development Aide class to which you were appointed is in the AFSCME Local Union and in the N-1 bargaining unit for labor relations' purposes.

Welcome to the Department of Public Welfare. May I take this opportunity to wish you success in your assignment at the Loysville Youth Development Center.

Cade000904

Mr. Don G. Edwards
Page 2

Sincerely,

A handwritten signature in cursive script, reading "Virginia L. Fabbri".

Virginia L. Fabbri
Director of Personnel
Loysville Complex
for
Feather O. Houstoun
Secretary of Public Welfare

VLF:dad

cc: Mr. Denlinger
Mr. Mullen, AFSCME President
Mr. Ranck, Local AFSCME Rep.
SCSC
File

Cade000905

COMMONWEALTH OF PENNSYLVANIA BENEFICIARY DESIGNATION FORM
LIFE INSURANCE COMPANY OF NORTH AMERICAPolicy No. GL 1776
(Instructions on Reverse Side)

(Please Type or Print Legibly)

Employee's
Name

(First)

Don

(Middle)

G.

(Last)

Edwards

Agency

Public Welfare - Loysville YDC

Social Security No.

-7356

In the event of my death, my group life insurance shall be paid as designated below:

E# 497770

PRIMARY BENEFICIARY(IES)—If Beneficiary(ies) under age 18, give Birthdate(s).

P# 247785

Name	Address (Street, City, State, Zip)	Relationship	Percent
	17821	Wife	60 %
	17821	Son	20 %
	17821	Step Son	20 %

CONTINGENT (Second) BENEFICIARY(IES)—If Beneficiary(ies) under age 18, give birthdate(s).

Name	Address (Street, City, State, Zip)	Relationship	Percent
			%
			%
			%

GUARDIAN for _____

Name of Guardian

Address

Lorelei Edwards, _____

(Date)

5-4-99

Employee's Signature

Don Edwards

LM-1381b

1/80 Printed in U.S.A.

FOR PERSONNEL OFFICE

Cade000906

SECTION I — EMPLOYEE DATA (Employee and agency representative complete this section)

PLEASE TYPE OR PRINT

NAME D G Edwards																	MAIDEN OR FORMER LAST NAME																	SOCIAL SECURITY NO. [REDACTED] 7 3 5 6																							
PAY FREQUENCY MONTHLY [] SEMI-MO [] BI-WKLY [X] WKLY []																	EMPLOYER AGENCY Public Welfare Loysville YDC																	AGENCY CODE 0 2 1												BIRTHDATE 6 8 0 4 2 9											
SEX M [] F [X]					CONTRIBUTION RATE 0 5 0 0 %					EMP. EFF. DATE 9 9 0 5 0 3					COVERAGE CODE 2					MEMB. EFF. DATE 9 9 0 5 0 3					CATEGORY CODE 0					CURRENT CLASS A																											

SECTION II — PREVIOUS STATE SERVICE (Employee must answer all questions)

HAVE YOU EVER BEEN EMPLOYED BY THE COMMONWEALTH BEFORE? ☐ YES ☒ NO IF YES, GIVE TERMINATION DATE _____

WERE YOU EVER A MEMBER OF THE STATE EMPLOYEES' RETIREMENT SYSTEM? ☐ YES ☒ NO

IF YES, DID YOU WITHDRAW YOUR MONEY? ☐ YES ☒ NO

ARE YOU RECEIVING AN ANNUITY FROM THE STATE EMPLOYEES' RETIREMENT SYSTEM? ☐ YES ☒ NO

GIVE FORMER NAMES, IF ANY, USED WHILE EMPLOYED BY THE COMMONWEALTH _____

DO YOU WANT A STATEMENT OF THE COST OF PURCHASING ALL OF YOUR CREDITABLE STATE SERVICE? ☐ YES ☒ NO

INDICATE ALL PERIODS OF PREVIOUS STATE SERVICE IN THE SPACE BELOW. IF ADDITIONAL SPACE IS NEEDED, ATTACH FORM STD-415.

FROM						TO						AGENCY IN WHICH EMPLOYED
MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	

SECTION III — CREDITABLE NON-STATE SERVICE (Employee must answer all questions)

(A) DO YOU HAVE ACTIVE MILITARY SERVICE? ☐ YES ☒ NO

IF YES, ARE YOU A MEMBER OF AN ACTIVE RESERVE OR NATIONAL GUARD UNIT? ☐ YES ☒ NO

(B) DO YOU HAVE PREVIOUS SERVICE WITH A GOVERNMENTAL AGENCY AS DESCRIBED IN THE INSTRUCTIONS? ☐ YES ☒ NO

(C) DO YOU HAVE OUT OF STATE TEACHING SERVICE AS DEFINED IN THE INSTRUCTIONS? ☐ YES ☒ NO

IF YES TO (A), (B) OR (C):

ARE YOU NOW RECEIVING RETIREMENT BENEFITS FOR SUCH SERVICE? ☐ YES ☒ NO

ARE YOU ELIGIBLE TO RECEIVE, OR WILL YOU BECOME ELIGIBLE TO RECEIVE IN THE FUTURE, ANY RETIREMENT BENEFITS ON ACCOUNT OF SUCH SERVICE? ☐ YES ☒ NO

HAVE YOU FORFEITED A RIGHT TO ANY RETIREMENT BENEFITS FOR SUCH SERVICE? ☐ YES ☒ NO

INDICATE ALL PERIODS OF CREDITABLE NON-STATE SERVICE IN THE SPACE BELOW.

FROM						TO						TYPE OF SERVICE — EXPLAIN FULLY
MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	

SECTION IV — SCHOOL SERVICE (Employee must answer all questions)

HAVE YOU EVER BEEN EMPLOYED IN A PENNSYLVANIA PUBLIC SCHOOL? ☐ YES ☒ NO

WERE YOU EVER A MEMBER OF THE PA PUBLIC SCHOOL EMPLOYEES' RETIREMENT SYSTEM? ☐ YES ☒ NO

IF YES, DID YOU WITHDRAW YOUR MONEY? ☐ YES ☒ NO

ARE YOU RECEIVING AN ANNUITY FROM THE PA PUBLIC SCHOOL EMPLOYEES' RETIREMENT SYSTEM? ☐ YES ☒ NO

GIVE FORMER NAMES, IF ANY, USED WHILE EMPLOYED BY A PENNSYLVANIA PUBLIC SCHOOL _____

DO YOU WISH TO ELECT "MULTIPLE SERVICE" CREDIT, COMBINING BOTH CREDITABLE STATE AND PUBLIC SCHOOL SERVICE TOWARD RECEIPT OF A COMBINED BENEFIT? ☐ YES ☒ NO

NOTE: MULTIPLE SERVICE CREDIT IS NOT MANDATORY AND NOT AUTOMATIC. TO BE ELIGIBLE, YOUR ELECTION MUST BE MADE WITHIN 30 DAYS OF JOINING THE STATE EMPLOYEES' RETIREMENT SYSTEM AND REPAYMENT OF MONIES DUE WILL BE REQUIRED WITHIN 90 DAYS OF BILLING. FAILURE TO ELECT MULTIPLE SERVICE BY REPAYING THE NECESSARY MONIES WITHIN THE PRESCRIBED TIME WILL PRECLUDE SUCH ELECTION UNLESS THERE IS A BONA FIDE BREAK IN YOUR STATE EMPLOYMENT.

INDICATE ALL PERIODS OF PREVIOUS PENNSYLVANIA PUBLIC SERVICE IN THE SPACE BELOW.

FROM						TO						WHERE EMPLOYED
MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	

SECTION V — CERTIFICATION (Employee and agency representative complete this section)

certify that all statements made on this application are true and correct to the best of my knowledge and belief. I understand that any willful falsification or failure to provide the information required shall result in the forfeiture of my right to benefits based upon such information and such other penalties as provided by law.

Don Edwards 6 C St. Danville, PA 17821

(EMPLOYEE SIGNATURE AND ADDRESS)

Beverly Moore

(SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE)

5-4-99

(DATE)

5-4-99

(DATE)

INSTRUCTIONS: Parts I, II, III and IV will be completed by the program office administrative staff person or designee (headquarters entities) or by the personnel officer or designee (field entities). Part V will be completed by the supervisor (immediate or reviewing). All parts will be completed on the employee's first working day.

EMPLOYEE NAME (LAST, FIRST, M.I.): Edwards, Don G.	EFFECTIVE DATE OF APPOINTMENT/TRANSFER (MM/DD/YY): 5-03-99
EMPLOYEE NUMBER:	<input checked="" type="checkbox"/> NEW EMPLOYEE/INTER-AGENCY TRANSFEREE
CLASS TITLE/CODE: Youth Development Aide/41790	<input type="checkbox"/> INTRA-AGENCY TRANSFEREE

PART I: FORMS SUBMITTED BY EMPLOYEE

- | | |
|--|--|
| <input type="checkbox"/> BIRTH DOCUMENTATION (REGISTRATION/CERTIFICATE/ETC.) | <input type="checkbox"/> DD-214 (WHERE APPLICABLE) |
| <input type="checkbox"/> SOCIAL SECURITY CARD | <input type="checkbox"/> OTHER _____ |

PART II: PERSONNEL & BENEFIT FORMS COMPLETED

- | | |
|--|--|
| <input type="checkbox"/> EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (W-4) | <input type="checkbox"/> *IDENTIFICATION CARD |
| <input type="checkbox"/> EARNED INCOME (WAGE) TAX QUESTIONNAIRE (STD-399) | I RECEIVED: |
| <input type="checkbox"/> *GROUP LIFE INSURANCE BENEFICIARY FORM (LM-1381b) | <input type="checkbox"/> A GLI CERTIFICATE AND SUMMARY OF GLI |
| <input type="checkbox"/> *EMPLOYEE ENROLLMENT CHANGE FORM (PEBTF 2) | <input type="checkbox"/> A COPY OF THE COBRA INITIAL NOTICE WHICH EXPLAINS MY LEGAL RIGHTS TO CONTINUATION OF HEALTH INSURANCE BENEFITS. |
| <input type="checkbox"/> *SERS APPLICATION FOR MEMBERSHIP (STD-400) | <input type="checkbox"/> PEBTF SUMMARY PLAN DESCRIPTION |
| <input type="checkbox"/> *SERS NOMINATION OF BENEFICIARY(IES) (STD-402.1 OR STD-402) | <input type="checkbox"/> UNITED BEHAVIORAL HEALTH (UBH) CERTIFICATE OF INSURANCE |
| <input type="checkbox"/> PROOF OF PREVIOUSLY PAID OCCUPATION TAX | <input type="checkbox"/> AND SIGNED "NOTIFICATION OF RIGHTS AND DUTIES" RELATING TO WORKERS' COMPENSATION |
| <input type="checkbox"/> *EMERGENCY ADDRESS INFORMATION | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> *NAME, ADDRESS, TELEPHONE NUMBER CHANGES | |

PART III: SALARY AND BENEFITS DISCUSSED

- | | |
|---|---|
| <input type="checkbox"/> *SALARY PAY RANGE, STEP & RATE | <input type="checkbox"/> STATE EMPLOYEES RETIREMENT SYSTEM (SERS) |
| <input type="checkbox"/> *APPROXIMATE DATE OF FIRST CHECK | <input type="checkbox"/> WORKERS' COMPENSATION; INJURY LEAVE PROGRAM; ESCORT POLICY |
| <input type="checkbox"/> EARNINGS STATEMENT | <input type="checkbox"/> STATE EMPLOYEES COMBINED APPEAL (SECA) |
| <input type="checkbox"/> *ANNIVERSARY & LONGEVITY DATES | <input type="checkbox"/> STATE EMPLOYEE ASSISTANCE PROGRAM (SEAP) |
| <input type="checkbox"/> *SALARY PROGRESSION (MINIMUM TO MAXIMUM) | <input type="checkbox"/> U.S. SAVINGS BONDS |
| <input type="checkbox"/> *GENERAL PAY INCREASES | <input type="checkbox"/> DEFERRED COMPENSATION PROGRAM |
| <input type="checkbox"/> *PROBATIONARY PERIOD & REGULAR STATUS | <input type="checkbox"/> GROUP LIFE INSURANCE |
| <input type="checkbox"/> JOB CLASSIFICATION & PROMOTIONS (BIDDING, EXAMINATIONS, 501) | <input type="checkbox"/> *BLOOD BANK MEMBERSHIP |
| <input type="checkbox"/> SENIORITY RULES (IF APPLICABLE) | <input type="checkbox"/> PSECU MEMBERSHIP; DIRECT DEPOSIT, PAYROLL DEDUCTION, ETC. |
| <input type="checkbox"/> LEAVE & HOLIDAYS | <input type="checkbox"/> FAMILY CARE ACCOUNT PROGRAM (FCAP) |
| <input type="checkbox"/> PAMPHLET "THE BENEFITS OF A HEALTHY SICK LEAVE BALANCE" | <input type="checkbox"/> FAMILY CARE/SICK/PARENTAL LEAVE |
| <input type="checkbox"/> MEDICAL HOSPITAL PROGRAM | <input type="checkbox"/> PENNSYLVANIA TUITION ACCOUNT PROGRAM (TAP) |
| <input type="checkbox"/> SUPPLEMENTAL BENEFITS | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> OTHER _____ | |

Code000908

NEW EMPLOYEE SAFETY ORIENTATION

Every supervisor shall meet with each of their employees to:

- | | |
|--|---|
| <p>Review the Department safety program regarding the employee's new job.</p> <p>Emphasize the importance of immediately reporting to the supervisor any accident occurring on the job.</p> <p>Emphasize the importance of reporting to the supervisor any dangerous working conditions detected.</p> <p>Explain and discuss the importance of safety education and the practice of safety as a vital part of every job.</p> <p>Review with the employee responsibilities and procedures to follow when injured on or off duty.</p> <p>Explain to the employee reasons for safety precautions, and the dangers of disregarding them.</p> | <p><input checked="" type="checkbox"/> Explain conditions under which employees must be certified to operate Department vehicles or equipment.</p> <p><input checked="" type="checkbox"/> Impress upon the employee that it shall be his/her duty to exercise the utmost precaution and to plan all work operations so as to prevent accidents. When an employee disregards instructions or takes chances, thus placing himself and others in a position liable to injury, an earnest attempt shall be made to educate him to follow safe practices. Progressive discipline may be instituted depending upon the seriousness of the infraction, and the circumstances surrounding the infraction.</p> |
|--|---|

Don Edwards

Signature of Employee

Karl R. Martin

Signature of Supervisor

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

PW 1175-7.34

Cade000909

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

**LOYSVILLE COMPLEX
BUSINESS SERVICES**

R.D. #2, Box 365B
LOYSVILLE, PA 17047-9754
Phone: (717) 789-3841

Fax: (717) 789-4834 Business Office

Fax: (717) 789-5588 Personnel Office

Fax: (717) 789-4302 Maintenance Office

SERVING THE NEEDS OF THE YOUTH AND STAFF AT:

Loysville Youth Development Center
South East Secure Treatment Unit
Danville Girls Secure Treatment Unit

Loysville Secure Treatment Unit
Weaversville Intensive Treatment Unit
Youth Forestry Camp No. 3

North Central Secure Treatment Unit
Allentown Secure Treatment Unit
South Mountain Secure Treatment Unit

May 5, 1999

CLASS TITLE: Youth Development Aide
SALARY: \$11.52 Hourly
EFFECTIVE DATE: May 3, 1999
PROBATIONARY PERIOD: 6 Months
SSN: [REDACTED] 7356

Mr. Don G. Edwards

Danville, PA 17821

Dear Mr. Edwards:

I am pleased to inform you of your limited-term appointment, with probationary Civil Service status, with the Department of Public Welfare. Your classification and effective date are shown above.

Under the provisions of Civil Service, a limited-term wage appointment may be terminated at any time at the discretion of the appointing authority. The anticipated duration of this position is nine months. However, your rights to certification and appointment to another regular position from an eligible list are not in any way impaired by your acceptance of this limited-term wage position.

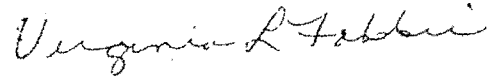
The Youth Development Aide class to which you were appointed is in the AFSCME Local Union and in the N-1 bargaining unit for labor relations' purposes.

Welcome to the Department of Public Welfare. May I take this opportunity to wish you success in your assignment at the Loysville Youth Development Center.

Cade000910

Mr. Don G. Edwards
Page 2

Sincerely,

A handwritten signature in cursive script, reading "Virginia L. Fabbri".

Virginia L. Fabbri
Director of Personnel
Loysville Complex
for
Feather O. Houstoun
Secretary of Public Welfare

VLF:dad

cc: Mr. Denlinger
Mr. Mullen, AFSCME President
Mr. Ranck, Local AFSCME Rep.
SCSC
File

Cade000911

CONFIDENTIALITY STATEMENT

Information that is generally not available to the public, but which you have access to as a Department employee, is not to be used for personal gain or for the gain of others. Divulging confidential information relating to the Department, its employees, or people served by the Department is not permitted without a release authorized by the Department.

I agree to keep any information concerning the youths and staff of the Loysville Complex confidential, and will limit the use of such information to treatment purposes only.

Don Edman

Signature

5-4-99

Date